PP-091 Telbivudine results in undetectable viremia and improved liver function in a patient with HBsAg-positive decompensated cirrhosis: a case report

V. Messina[1]*. [1]*UOC Malattie Infettive, AORN S. Anna e S. Sebastiano di Caserta, Italy*

Introduction: We report here the safety and efficacy of telbivudine in a patient with chronic hepatitis B and decompensated cirrhosis.
Case description: In 2000, a 72-year-old man naïve for interferon and nucleos(t)ide analog therapy was HBsAg positive and hepatitis B e antigen (HBeAg) negative, with undetectable serum hepatitis B virus (HBV) DNA and normal alanine aminotransferase (ALT) levels and with no evidence of liver cirrhosis. In 2005, he had a diagnosis of adenocarcinoma of the colon and underwent resection and chemotherapy. In 2008 he was found HBsAg negative and received FOLFIRI plus bevacizumab and subsequently prednisone 25 mg with tapering for 15 days because of a low platelet count. In March 2009, the patient was HBsAg positive, HBe antibody positive, hepatitis delta virus/hepatitis C virus negative, and had an HBV DNA level of 3.31×10^5 IU/mL and an ALT level 8× the upper limit of normal (ULN). Ultrasonography revealed evidence of cirrhosis and portal hypertension with a Child–Turcotte–Pugh (CTP) score of 14 and a model for end-stage liver disease (MELD) score of 24. In April 2009, telbivudine 600 mg/day was initiated.
Serum HBV DNA became undetectable (<12 IU/mL) within 2 months and ALT 1.5×ULN. At 6 months of follow-up, HBV DNA remained undetectable, his ALT level was 0.6×ULN, and his total and conjugated bilirubin levels were 2.3 and 0.94 mg/dL, respectively. Ultrasonography showed no evidence of ascites and an improvement in liver status with a reduction in CTP and MELD scores (7 and 13, respectively).
Telbivudine resulted in a rapid suppression of HBV DNA levels and a marked improvement of an extremely severe clinical condition. These findings suggest that telbivudine may be of great benefit even in patients with decompensated HBsAg-positive liver cirrhosis.

PP-092 Clinical and epidemiological analysis of 384 patients diagnosed with acute hepatitis B

B.X. Chang[1]*. [1]*Diagnosis and Therapy Center of Non-Infectious Disease, 302 Hospital, China*

Objective: To investigate the clinical and epidemiological characteristics of acute hepatitis B (AHB) in recent years.
Methods: To analyze the clinical data of 384 patients of AHB by using the software SPSS 13.0.
Results: This result indicated that the susceptible population of AHB is the patients with the age changing from 18 to 45. The main route of transmission remained unknown. The main nationality was Han. The morbidity of male was higher than that of female. The rate of recovery and improvement was 98.9%.The incidence of liver failure is 0.5%.Six months after onset, HBsAg in 97.1% cases and HBV DNA in 98.5% cases changed into negative.
Conclusion: The age of morbidity and the route of transmission have changed greatly. The rate of recovery and improvement was higher. Only few of the AHB patients converted to the chronic HB and severe hepatitis.

PP-093 The study of efficacy of lamivudine in patients with severe acute hepatitis B

J.-W. Yu[1]*, L.-J. Sun[1], Y.-H. Zhao[1]. [1]*Department of Infectious Diseases, Second Affiliated Hospital, Harbin Medical University, China*

The aim of this study was to evaluate the efficacy of lamivudine in patients with severe acute hepatitis B.
Methods: Eighty patients with severe acute hepatitis B were randomly divided into lamivudine and the control group. The influential factors on the mortality were studied by Cox proportional hazards model.
Results: The improvement in serum TBiL, INR and HBV DNA levels of lamivudine group was significantly greater than that of control group. The mortality (7.5%, 3/40) of lamivudine group was significantly lower than that (25.0%, 10/40) of control group ($P = 0.034$). In multivariate Cox proportional hazards analyses, age ($P = 0.043$), ratio of total to direct bilirubin ($P = 0.009$), treatment method ($P = 0.006$) and the decline of HBV DNA load during therapy ($P = 0.017$) were independent predictors of mortality. The HBsAg seroconversion rates (62.5%, 25/40) and HBeAg seroconversion rates (63.6%, 21/33) of lamivudine group were significantly lower than those (85.0%, 34/40), (87.5%, 28/32) of control group ($P = 0.022$, 0.026).
Conclusions: Early treatment with lamivudine leads to a greater decrease in HBV DNA level, better clinical improvement and mortality improvement in patients with severe acute hepatitis B, but with a lower seroconversion rate. A rapid decline of HBV DNA load is a good predictor for the treatment outcome.

PP-094 Influential factors of prognosis in lamivudine treatment for patients with acute-on-chronic hepatitis B liver failure

L.-J. Sun[1], J.-W. Yu[1]*, P. Kang[1]. [1]*Department of Infectious Diseases, Second Affiliated Hospital, Harbin Medical University, China*

In this study, the efficacy of lamivudine was investigated in patients with ACLF. The effects of HBV DNA load and its related factors on the prognosis were also further explored.
Methods: 130 patients receiving lamivudine were selected into the lamivudine treatment group with another 130 without lamivudine treatment studied as control. The influential factors on the mortality were studied by Cox proportional hazards model.
Results: The cumulative survival rates of patients in lamivudine group were higher than those of the control group ($\chi^2 = 9.50$, $P = 0.0021$). The mortality of patients with high virus load group (71/95, 74.7%) was higher than that of those with low virus load group (15/29, 51.7%) ($\chi^2 = 5.536$, $P = 0.019$). In Cox proportional hazards model, for patients with MELD score 20–30, treatment method ($P = 0.002$), pretreatment HBV DNA load ($P = 0.007$) and decline of HBV DNA load during therapy ($P = 0.003$) were independent predictors; for those with MELD score above 30, MELD score ($P = 0.008$) was the only independent predictor.
Conclusions: Lamivudine can significantly decrease the 3-month mortality of patients with MELD score 20–30, and a low pre-treatment viral load and rapid decline of HBV DNA load are good predictors for the outcome of the treatment.

PP-095 Analysis of the efficacy of treatment with peginterferon-α-2a and ribavirin in patients coinfected with hepatitis B virus and hepatitis C virus

J.-W. Yu[1]*, L.-J. Sun[1]. [1]*Department of Infectious Diseases, Second Affiliated Hospital, Harbin Medical University, China*

Objective: To study efficacy of combination therapy with peginterferon α-2a and ribavirin in these patients.
Methods: The virological response rates of patients treated with peginterferon α-2a and ribavirin between the HBV and HCV coinfection group and the HCV monoinfection group were compared.